Management of Human Resources

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Overview

- Goal
  - To ensure that the organization determines the qualifications and competencies for all staff positions
  - Qualifications and competencies based on:
    - Mission, population(s), care, treatment and services
  - Organizations must meet patients' needs by providing the right number of competent staff

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Overview

- Goals are met by the following processes and/or activities:
  - Providing and adequate number of staff
  - Providing competent staff
  - Orienting, training and educating staff
  - Accessing, maintaining, and improving staff competence

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HR.1.10 Planning

- Applicable to AHC, HAP
- Challenging standard for HAP and Army
- The organization provides
  - Adequate number and staff mix
    - Consistent with staffing plan as presented by the organization

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HR.1.20 Planning

- Applicable to AHC, HAP
- Challenging standard for HAP
- The organization has a process
  - Ensures an individual's qualifications
    - Qualifications are consistent with the employee's job responsibilities
  - Includes students and volunteers "who work in the same capacity as staff who provide care, treatment, and services" in Rationale
  - EP #5 – Information on criminal background
  - EP #6 – Compliance with health screening requirements established by organization

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HR.1.20
Planning

- Unlicensed/registered/certified practitioners that perform procedures which place patients at risks (EP 18) triggers PDA

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HR. 1.30
Planning

- Applicable to HAP only
- Challenging standard for HAP and Army
- Staffing effectiveness is assessed
  - There is a combination of human resources screening indicators and clinical/services screening indicators
  - Organization wide

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HR.2.10
Orientation, Training and Education

- Applicable to AHC, HAP
- Challenging standard for HAP and Army
- Initial job training and information is provided through the orientation process
- Includes students and volunteers in rationale
- EP #5 - Cultural diversity

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HR.2.30
Ongoing Education

- Applicable to AHC, HAP
- Challenging standard for AHC
- Ongoing education maintains and improves competence
  - Training when job responsibilities change
  - Ongoing in-services for
    - Work-related issues
    - Populations served
    - Safety and infection control
    - Team training
    - Unanticipated adverse events
    - Learning needs

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HR.3.10
Competence Assessment

- Applicable to AHC, HAP
- Challenging standard for HAP and AHC
- Competence through job performance
  - Defined populations
  - Defined competencies
  - Defined periods
    - Orientation
    - Ongoing
    - Minimally, once in the three-year accreditation cycle and law/regulation
  - Assessment methods
  - Qualified individuals

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HR.3.20
Competence Assessment

- Applicable to AHC, HAP
- Challenging standard for AHC
- Performance Evaluations
  - Conducted on an ongoing basis
  - Provides positive and negative feedback to staff, students, and volunteers
- Formal performance evaluations can be conducted concurrently with competence assessments or at separate time

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Future changes to HR for Ambulatory and Hospitals

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HR.1.20
Planning

- In field review
  - Primary source verification
    - at time of hire
    - no less often than every 2 years after hire

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Proposed Revisions to Staffing Effectiveness Standard for Hospitals

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Staffing Effectiveness Standard

- Effective staffing continues to be linked to positive patient outcomes
- Standard designed to provide objective, evidence-based approach

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Customer Feedback

- Issues with clarity of standard requirement
- Issues with use of organization-wide indicators
- Selection of more than required number of relevant indicators is effective
- HCOs found approach more effective over time, when more data was available

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Proposed Revisions

- Clarifications to rationale
  - Level of statistical analysis required is consistent with normal PI activity
  - Compliance with standard can be part of regular PI activities
  - No need to display data together – correlation not required

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Proposed Revisions

- Indicator selection
  - Require minimum of two units for data collection
  - Increase number of indicators from four to six
  - Focus away from “direct and indirect” caregivers to nurses and other care givers as HCO sees fit
  - Expand list of indicators to include NQF measures

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Proposed Revisions

- Other Additions
  - Requirement for input from clinical staff

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Next Steps

- Presented to Professional and Technical Advisory Committee (PTAC) - June 2004
- Presented to Standards and Survey Procedures Committee - July 2004
- Conducted Field Review - Summer 2004
- Bring refined - standard back to PTAC
- Present to SSP for approval - November 2004
- Publish in Perspective - December 2004
- Implement – July 2005

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Questions?

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